

Uganda

COUNTRY:
Uganda

USAID FUNDING PERIOD:
2001-2003

PROJECT:
Applied Research on Child Health (ARCH)

USAID AMOUNT:
\$500,000

IMPLEMENTING ORGANIZATIONS:

Center for International Health at Boston
University School of Public Health,
UNICEF, Makerere University Institute
of Public Health, Makerere Institute for
Social Research

PURPOSE

The Applied Research on Child Health (ARCH) project will collaborate with the Uganda AIDS Commission, UNICEF-Uganda, USAID-Uganda, UNAIDS-Uganda, Makerere Institute for Social Research, and Makerere Institute of Public Health to conduct a situational analysis of orphans to inform a comprehensive policy and strategic framework for assisting orphans and other vulnerable children. ARCH also will collaborate and provide technical support to six Ugandan applied research teams to carry out selected policy analyses and program evaluation studies on governmental and civil society interventions to improve the physical, mental, and social welfare of orphans and their caregivers.

ARCH aims to provide the government of Uganda, Ugandan civil society institutions, and the donor community with a better understanding of the status of orphans and vulnerable children in Uganda. Relevant data are being collected through the situation analysis and used to help guide a national policy to enable Uganda to better respond to the needs of orphans and vulnerable children. Further, the work done by the ARCH project will increase capacity building within these organizations through an exchange and feedback on best practices. ARCH will strengthen resources and services for orphans and their caretakers within Uganda by providing information on:

- Known estimates of the number, causes and distribution of orphaned children in Uganda;

- A policy framework for government, the donor community, and civil society institutions to assist orphans;
- Promising strategies (best practices) for addressing the growing needs of orphans including innovative interventions within their care environment;
- Existing governmental and nongovernmental, local (grassroots), national, and international resources and service networks assisting orphans;
- Potential for an extended support system to optimize service provision for the health and care of orphans and their caretakers;
- Physical, mental, and social welfare impacts specific to child-headed households and street children; and
- Disproportionate caretaker burden on girls and women and their increased vulnerability resulting from rape, prostitution, or homelessness.

PRIORITY ACTIVITIES, 2001-2002

- A situation analysis of orphans will be performed in eight districts in Uganda;
- A national stakeholder meeting will be scheduled;
- A national strategic policy framework for orphans will be drafted;
- A proposal development workshop for nine Ugandan policy analytical and program evaluation teams will be scheduled; and
- 6 policy analyses and program evaluations will be completed.

PROJECT MATERIALS AND TOOLS

Materials:

- Situation Analysis report (mid-2002);
- 6 policy analyses and program evaluation final reports/manuscripts (late 2003);
- Synthesis of Ugandan orphan policy analyses and program evaluations (late 2003); and
- National strategic policy plan for orphans in Uganda (late 2002).

Training:

- Intervention study methodologies;
- Orphan study proposal development;
- Orphan policy analyses;
- Orphan policy evaluations;
- National orphan policy formulation; and
- Monitoring and evaluation methodologies for orphan care interventions.

TECHNICAL ASSISTANCE

The project can provide expertise for other orphans and vulnerable children projects in the following areas:

- Intervention study methodologies;
- Orphan study proposal development;
- Orphan policy analyses;
- Orphan policy evaluations;
- Formulation of national orphan policies; and
- Monitoring and evaluation methodologies for orphan care interventions.

CONTACT INFORMATION

ARCH/Boston:

Kris Heggenhougen (kheggenh@bu.edu),
Tel: 617-414-1450,
Angela Wakhweya (wakhweya@bu.edu),
Tel: 617-414-1264,
Deirdre Pierotti (dpierott@bu.edu), Tel: 617-414-1265

MISR/Uganda (Kampala);
Rebecca Mukyala (misrlib@imul.com),
Tel: 256-41-532207

USAID/Washington:

Ruth Frischer (rfrischer@usaid.gov)

USAID/Uganda:

Elise Ayers (eayers@usaid.gov)

COUNTRY:

Uganda

USAID FUNDING PERIOD:

August 1999-July 2002

PROJECT:

Modified Approach to Support AIDS
Affected Children

USAID AMOUNT:

\$190,000

IMPLEMENTING ORGANIZATIONS:

Population Council/HORIZONS, PLAN
International, and Makerere University;
for intervention, Grasslands Foundation,
NACWOLA, Diocese of Luwero, FIDA.

PURPOSE

HORIZONS, Makerere University, and PLAN International are collaborating to assess the impact of two interventions: 1) a basic orphan support program on the physical, educational, and emotional well-being of children; and 2) a succession planning program for HIV-affected families that targets children, parents, and likely guardians in conjunction with a home-based

care program. The succession planning program begins once a parent has tested positive for HIV.

The orphan support program components include improved access to health care services; education on AIDS, sexually transmitted infections, and family planning; sensitization to the effect of AIDS on children and advocacy on property rights, educational support, and registration of orphans; vocational/agricultural

training; and seed money. For the succession planning program, additional components include legal training and will writing, family memory books, counseling, and assistance in identifying and preparing standby guardians.

The baseline sample includes 353 parents who have tested positive for HIV, 495 children of people living with HIV/AIDS, 232 orphaned children, and 326 designated and current guardians.

KEY ACCOMPLISHMENTS

- A baseline study was conducted and findings were disseminated; and
- The first followup was completed and the findings were analyzed.

PRIORITY ACTIVITIES, 2001–2002

- The third and final observation occurred in August 2001 and will be followed by an impact analysis.

PROJECT MATERIALS AND TOOLS

- Research instruments are available at AIDSQuest website [www.popcouncil.org].

CONTACT INFORMATION

HORIZONS:

Laelia Gilborn (laelia_gilborn@hotmail.com;
lgilborn@pcdc.org)

PLAN/Uganda:

Donald Keane (keened@plan.geis.com)

Makerere University:

Rebecca Nyonyintono (anppcan@infocam.co.ug)

USAID/Washington:

David Stanton (dstanton@usaid.gov)

USAID/Uganda:

Elise Ayers (eyayers@usaid.gov)

Population Council/HORIZONS website:

www.popcouncil.org/horizons

COUNTRY:
Uganda

USAID FUNDING PERIOD:
October 1999-September 2002

PROJECT:
Child Survival Support project

USAID AMOUNT:
\$1 million

IMPLEMENTING ORGANIZATIONS:
The AIDS Support Organization (TASO),
and National Community of Women
Living with HIV/AIDS (NACWOLA)

PURPOSE

The project aims to improve the quality of life for children affected by HIV/AIDS and to build their capacity to cope with the effects of HIV/AIDS by improving their literacy and helping them to acquire skills essential for self-sustenance.

The project is implemented in the seven TASO service centers and directly assists 232 children. These children, who are among the neediest of TASO clients, receive support for primary, secondary, and vocational education expenses. These project beneficiaries are within a 35-kilometer distance of TASO service centers in seven districts: Jinja, Kampala, Masaka, Mbale, Mbarara, Tororo, and Wakiso.

TASO centers provide counseling, supportive guidance, succession planning, and the writing of memory books to help children and parents confront and plan for an inevitable death due to AIDS. Succession planning involves a participatory process at the family level through which parents are encouraged to reveal their HIV status to children, write and discuss wills, name heirs and guardians, as well as discuss the plans and aspirations that parents would have wished to see their children accomplish in the future. The project will also train 48 school teachers and 256 guardians in basic counseling skills to help them address the needs of children who have experienced the trauma of living with parents who are chronically ill or have already died. Modest, interest-free loans will be provided to at

least 56 organized community-based groups of guardians to start income-generating projects by September 2002.

KEY ACCOMPLISHMENTS

- All 232 children targeted by the project have been enrolled in schools; 144 children in primary schools, 16 in secondary schools, and 72 in other schools.
- A project coordinator at the head office and seven support officers were hired and have received training in counseling to offer ongoing monitoring and support to both children and foster families.
- 28 joint workshops for TASO-supported children and their foster parents have been held and issues pertaining to school performance and welfare of children discussed.
- 8 workshops have been held for foster communities to educate them on child rights.
- Training of facilitators for the production of succession plans and Memory Books was completed.
- 22 teachers have been trained in counseling.

PRIORITY ACTIVITIES, 2001–2002

- An additional 55 schoolteachers will be trained in counseling;
- The Uganda Children's Statute will be translated into four local languages and at least 2,000 copies will be distributed to communities after community child rights education seminars;
- Selected groups of foster families will be trained in microenterprise management and will receive seed funds for community-based projects;

- Support visits to schools and homes of supported children will continue; and
- Succession planning programs to cover the remaining five centers will be developed.

PROJECT MATERIALS AND TOOLS

- Handbook on counseling of children affected by HIV/AIDS;
- Uganda Children's Statute; and
- Memory books (guidelines).

TECHNICAL ASSISTANCE

The project can provide expertise for other orphans and vulnerable children projects in the following areas:

- Counseling of children affected by HIV/AIDS;
- Sharing training materials;
- Integration of HIV/AIDS care and prevention in school settings;
- Succession planning; and
- Developing nongovernmental organization/private sector partnership.

CONTACT INFORMATION

TASO:

Dr. Alex Cotinho (tasodata@imul.com)

USAID/Uganda:

Elise Ayers (eayers@usaid.gov),

Dan Ahimbisibwe Wamanya (dwamanya@usaid.gov)

COUNTRY:

Uganda

USAID FUNDING PERIOD:

May 2001–May 2006

PROJECT:The AIDS Integrated Model
(AIM) District Program**USAID AND CENTERS FOR DISEASE****CONTROL AMOUNT:**

\$20 million total project (a portion supports activities related to orphans and other vulnerable children)

IMPLEMENTING ORGANIZATIONS:JSI Research and Training Institute,
World Learning, Inc., and
World Education, Inc.

PURPOSE

The overall goal of the program is to support 12 selected districts in planning, implementing, and monitoring decentralized HIV/AIDS prevention, care, and support services, and to strengthen the capacity of nongovernmental organizations and community-based organizations to plan, manage, and provide essential services at national, district and sub-district levels. The approach will be driven by the needs of local government agencies, nongovernmental organizations, community-based organizations, and private sector agencies working in the selected districts. This bottom-up approach will involve grassroots level stakeholders supporting long-term sustainability, ownership, and decentralized management. To achieve this goal, a four-part approach has been developed consisting of:

- Partnering of districts;
- Phasing in 12 districts simultaneously;
- Subgranting through districts and directly to nongovernmental organizations/community based organizations; and
- Capacity building through training and information, education, and communications.

To ensure that comprehensive, integrated HIV/AIDS services are offered, program activities in each district will depend on the identified needs of a given district and may include activities aimed at voluntary counseling and testing, reducing mother to child transmission of HIV, diagnosis and treatment of opportunistic infections, youth, both in and out of school, and orphans due to AIDS.

This program will focus on expanding efforts to address the unique needs of children affected by HIV/AIDS and their caregivers. The needs of orphans

and vulnerable children will vary by districts, and each district will be encouraged to develop innovative strategies for the most urgent issues using existing social and community structures within a broader context of HIV/AIDS prevention, care, and support.

Activities include: improving school attendance and retention; addressing whole life needs of out-of-school youth; facilitating apprenticeship programs; supporting grandparents and other family members caring for orphans and vulnerable children; and improving income generation. The project aims to:

- Integrate HIV/AIDS services at district level;
- Increase provision of HIV/AIDS prevention services;
- Increase access to community and home-based care;
- Increase access to social services for children affected by HIV/AIDS; and
- Strengthen capacity of nongovernmental organizations/community-based organizations to manage, plan, and provide services at the national, district and sub-district level.

PRIORITY ACTIVITIES, 2001–2002

- Selection of 12 districts;
- Rapid assessment of 12 districts and strategic planning with District AIDS Committees;
- Program implementation in all selected districts simultaneously;
- Funding, through subgrants, to District Health Offices as well as to the prioritized nongovernmental organizations/community-based organizations and commercial sector activities;

- A two-pronged approach to training will be implemented to more quickly begin delivery of services. Initially, training will be conducted directly by program staff for district health, nongovernmental organizations/community-based organizations, and commercial sector partners. However, to build local training capacity, program staff will train a cadre of trainers in each district who will be able to meet future local training needs.

PROJECT MATERIALS AND TOOLS

- Criteria for an integrated model of HIV/AIDS services;
- Monitoring and evaluation plan;
- Training materials; and
- Innovative approaches to prevention, care and support.

TECHNICAL ASSISTANCE

- Although this program has not yet begun implementation, it is expected that technical assistance will be available through materials, dissemination of lessons learned, and networking as relates to the delivery of comprehensive, integrated HIV/AIDS services.

CONTACT INFORMATION:

JSI/Uganda:

Maurice Adams, Program Director
(info@aimuganda.org),
Tel: +256-41-346292/8;
+256-77-765432

USAID/Uganda:

Elise Ayers (eayers@usaid.gov)

COUNTRY:

Uganda

PROJECT:

Title II HIV/AIDS LIFE Initiative

IMPLEMENTING ORGANIZATION:

The project is managed by ACDI/VOCA and implemented through a consortium of four organizations: The AIDS Support Organization (TASO), World Vision Uganda, Africare and Catholic Relief Services (CRS).

USAID FUNDING PERIOD:

September 2001–August 2006. Direct implementation of the project began in October 2001.

USAID AMOUNT:

\$30 million in Title II food aid resources

PURPOSE

The project aims to provide nutritious food for people living with HIV/AIDS and their affected immediate family members. It will offer significant input into the care of individuals and households affected by HIV/AIDS by boosting their nutritional status and consequently their ability to withstand some of the devastating opportunistic infections associated with HIV/AIDS.

The project serves nine districts: Kampala, Jinja, Masaka, Mbarara, Tororo, Mbale, Mpigi, Ntungamo and Wakiso and directly targets 60,000 people—12,000 living with HIV/AIDS and 48,000 immediate dependents, approximately 30 percent of whom are children. Given that more than 1 million people are

estimated to be living with HIV in Uganda, 60,000 beneficiaries is a small portion of the total deserving population. Therefore, rigorous criteria had to be applied during the selection of the 60,000 beneficiaries.

The food will be distributed with the help of local village leaders and food distribution committees. Taking food to the community also has inherent benefits of enabling communities to get involved in the HIV/AIDS response and to minimize stigma of those affected. Food will be distributed following intensive counseling and education focusing on the benefits of Corn Soy Blend, preparation guidelines, and acceptability. Community-based workshops will also be organized to sensitize residents on the project.

The project is anticipated to improve the health and living standards of its beneficiaries through:

- Improved nutritional status among recipients, especially for children affected by HIV/AIDS;
- Improved dietary diversity for people affected by HIV/AIDS;
- Increased and consistent use of other non-food services offered by the implementing organizations;
- Improved overall food security in beneficiary households;
- Reduced stigma attached to HIV/AIDS through involvement of communities in food distribution and monitoring; and
- Integration of nutrition education into HIV/AIDS prevention and care activities.

PRIORITY ACTIVITIES, 2001–2002

- Training of project staff in inventory and commodity management;
- Finalization of the monitoring and evaluation guidelines;
- Conducting a baseline assessment;
- Actual distribution of food; and
- Integration of nutrition education into mainstream counseling and care activities.

PROJECT MATERIALS AND TOOLS

- *HIV/AIDS: A Guide for Nutrition, Care and Support*;
- Handbook on *Nutritional Care and Support for Persons Living with HIV/AIDS and other Household Members*; and
- Monitoring and evaluation plan

CONTACT INFORMATION:

ACDI/VOCA:

Scott McNiven (smcniven-pl480@acdivoca-ug.org)

TASO:

Dr. Alex Coutinho (tasodata@imul.com)

World Vision:

Joseph Kamara Kihika (Kihika@wvi.org)

Catholic Relief Services:

Paul Macek (pmacek@crsuganda.or.ug)

Africare:

Peter M. Persell (ppersell@swiftuganda.com)

USAID/Uganda:

Walter Welz (wwelz@usaid.gov)

Dan Ahimbisibwe Wamanya (dwamanya@usaid.gov)

USAID/Washington:

Rene Berger (rberger@usaid.gov)